

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ET		7-7-00
O.I.P.E. CLASSIFIER	LH		7-11-00
FORMALITY REVIEW	LH	620105	8-24-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	07/03/00
2	08/03/00
3	09/03/00
4	10/03/00
5	11/03/00
6	12/03/00
7	01/04/00
8	02/04/00
9	03/04/00
10	04/04/00
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18	12/04/00
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36	06/06/00
37	07/06/00
38	08/06/00
39	09/06/00
40	10/06/00
41	11/06/00
42	12/06/00
43	01/07/00
44	02/07/00
45	03/07/00
46	04/07/00
47	05/07/00
48	06/07/00
49	07/07/00
50	08/07/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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